

Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

COVER PAGE - LONG FORM

Date Stamp

FILE

JUL 27 2005

REGISTRAR OF VOTERS

By *Carla*

CALIFORNIA
FORM 460

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A For Official Use Only

Statement covers period

from 01/01/2005

through 06/30/2005

Date of Election if applicable:

(Month, Day, Year)

06/06/2006

1. Type of Recipient Committee:

- ☒ Officeholder, Candidate Controlled Committee ☐ Ballot Measure Committee
- ☐ State Candidate Election Committee ☐ Primarily Formed
- ☐ Recall ☐ Controlled
- ☐ General Purpose Committee ☐ Sponsored
- ☐ Small Contributor Committee ☐ Primarily Formed Candidate Officeholder Committee
- ☐ Political Party/Central Committee

2. Type of Statement:

- ☐ Pre-election Statement ☐ Quarterly Statement
- ☒ Semi-annual Statement ☐ Special Odd-Year Report
- ☐ Termination Statement ☐ Supplemental Pre-election Statement - Attach Form 495
- ☐ Amendment (Explain below)

3. Committee Information

I.D. NUMBER
1241200

COMMITTEE NAME

Tom Daly 2006

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

STREET ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

() /

Treasurer(s)

NAME OF TREASURER

Barrett Garcia

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7-9-05
DATE

Executed on 7-21-05
DATE

Executed on
DATE

Executed on
DATE

By

By

By

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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Campaign Statement
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COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee **6. Ballot Measure Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Tom Daly

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Other, District n/a, Orange County

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE

Related Committees Not Included in this Statement: *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period
from 01/01/2005
through 06/30/2005

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NAME OF FILER Tom Daly, Tom Daly 2006

I.D. NUMBER

1241200

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 17,175.00	\$ 17,175.00
2. Loans Received Schedule B, Line 7	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 17,175.00	\$ 17,175.00
4. Non-monetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 17,175.00	\$ 17,175.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ 0 0
21. Expenditures Made \$ 0 0

Expenditures Made

6. Cash Payments Schedule E, Line 4	\$ 4,910.86	\$ 4,910.86
7. Loans Made Schedule H, Line 7	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 4,910.86	\$ 4,910.86
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 4,910.86	\$ 4,910.86

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditure Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 2,228.27
13. Cash Receipts Column A, Line 3 above	17,175.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	4,910.86
16. ENDING CASH BALANCE Lines 12 + 13 + 14, then subtract Line 15	\$ 14,492.41

If this is a Termination Statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b) \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ 0.00

Schedule A
Monetary Contributions Received

SCHEDULE A

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>	CALIFORNIA FORM 460
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NAME OF FILER Tom Daly, Tom Daly 2006

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
03/23/2005	Wylie A. Aitken [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Wylie Aitken, Attorney at Law	250.00	250.00	250.00 (P06)
03/23/2005	Arco Anaheim Brookhurst Center [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (P06)
04/04/2005	Arnold Construction Co. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (P06)
06/24/2005	B.I.A. of Southern California Political Action Committee [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 741733	500.00	500.00	500.00 (P06)
03/23/2005	Frank P. Barbaro [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	attorney Horton, Barbaro & Reilly	150.00	150.00	150.00 (P06)

SUBTOTAL \$ 1,400.00

Monetary Contributions Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 17,100.00
- Amount received this period - contributions of less than \$100.
(Do not itemize.) \$ 75.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 17,175.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from <u>01/01/2005</u> through <u>06/30/2005</u>	CALIFORNIA FORM 460
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NAME OF FILER Tom Daly, Tom Daly 2006

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
03/23/2005	Bushala Brothers, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (P06)
03/23/2005	Care Ambulance Service Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	750.00 (P06)
03/23/2005	Sarah L. Catz [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Nossaman, Guthner, Knox & Elliott	375.00	375.00	375.00 (P06)
03/23/2005	Cofiroute Global Mobility, LLC [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (P06)
03/23/2005	DeBilio Distributors, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00 (P06)
03/23/2005	Jose Dominguez [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Global 360 BGS Inc.	150.00	150.00	150.00 (P06)

SUBTOTAL \$ 1,625.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

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 from 01/01/2005
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
03/23/2005	Vaughn M. Duck [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President Global 360	500.00	500.00	500.00 (P06)
03/23/2005	Donald Greek [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant DGA Consultants	1,000.00	1,000.00	1,000.00 (P06)
03/23/2005	Grant Gyulnazaryan [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner South Tech Systems Inc.	150.00	150.00	150.00 (P06)
03/23/2005	Hanna & Scott [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00 (P06)
03/23/2005	Hardin Honda [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (P06)
05/06/2005	Harp Plumbing Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	800.00 (P06)

SUBTOTAL \$ 2,200.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period		CALIFORNIA FORM 460
from <u>01/01/2005</u>		
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
03/23/2005	Maureen Hayes [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Parsons	125.00	125.00	275.00 (P06)
03/23/2005	Hilgenfeld Mortuary [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (P06)
05/06/2005	William E. Hodge [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Affairs Hodge & Associates	500.00	500.00	650.00 (P06)
03/23/2005	IBI Group [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	125.00 (P06)
03/23/2005	James A. Liberio Realty [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	425.00 (P06)
03/23/2005	Law Office of Martha A. Root [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (P06)

SUBTOTAL \$ 1,625.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period

from 01/01/2005

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03/23/2005	James F. McConnell [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney James F. McConnell Attorney at Law	125.00	125.00	125.00 (P06)
03/23/2005	Meta Housing Corporaion [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (P06)
03/23/2005	Nossaman, Guthner, Knox & Elliott [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (P06)
03/23/2005	John O'Brien [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney At Law Horton, Barbaro & Reilly	125.00	125.00	125.00 (P06)
03/23/2005	Orange County Employees Association Incorporated Political Action Committee [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 801447	500.00	500.00	1,000.00 (P06)
03/23/2005	Paul Kott Realtors Inc. 1224 W. Lincoln Ave. Anaheim, CA 92805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	275.00 (P06)

SUBTOTAL \$ 1,875.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
03/23/2005	David B. Placek [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Project Manager Centex Homes	125.00	125.00	275.00 (P06)
05/06/2005	PM Restaurants/Consulting, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	1,500.00 (P06)
04/04/2005	Quick Service Towing, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	550.00 (P06)
03/23/2005	Rainbow Disposal Co. Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	125.00 (P06)
03/23/2005	RBF Consulting [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	425.00 (P06)
05/06/2005	Recupero & Associates, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	125.00 (P06)

SUBTOTAL \$ 2,250.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
03/23/2005	RMV Entitlement Company [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (P06)
03/23/2005	Ronald S. Rubino [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President Global 360 BGS, Inc.	500.00	500.00	500.00 (P06)
04/04/2005	Shea Homes [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	125.00 (P06)
04/04/2005	Signal Landmark [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (P06)
03/23/2005	Larry E. Slagle [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Yellow Cab of N.O.C.	125.00	125.00	125.00 (P06)
03/23/2005	Smith Public Affairs [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (P06)

SUBTOTAL \$ 2,500.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period		CALIFORNIA FORM 460
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
04/04/2005	Southern California Edison [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	125.00 (P06)
03/23/2005	C. Michael Stockstill [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PR Stockstill Communications	500.00	500.00	650.00 (P06)
03/23/2005	T.D. Service Company [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	125.00 (P06)
03/23/2005	The Don Willet Company [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	125.00 (P06)
05/06/2005	The Irvine Company [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (P06)
03/23/2005	Tillman & Associates [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	125.00 (P06)

SUBTOTAL \$ 1,500.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period

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I.D. NUMBER

1241200

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
03/23/2005	Toledo Public Affairs [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (P06)
03/23/2005	C. Richard Triola [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Settleware	500.00	500.00	650.00 (P06)
03/23/2005	George T. Urch [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Affairs State Assemblyman Tom Umberg	125.00	125.00	125.00 (P06)
03/23/2005	Waters & Faubel [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (P06)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 2,125.00

Schedule E Payments Made

SCHEDULE E

Statement covers period from 01/01/2005 through 06/30/2005	CALIFORNIA FORM 460 Page 13 of 14 I.D. NUMBER 1241200
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NAME OF FILER Tom Daly, Tom Daly 2006

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Barrett Garcia [REDACTED] [REDACTED]	PRO			150.00
MBNA America [REDACTED] [REDACTED]			See below for Credit Card Payees	4,760.86
Everest Self Storage [REDACTED]	OFC	545.00		

SUBTOTAL \$ 4,910.86

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 4,910.86
2. Unitemized payments made this period of under \$100.	\$ 0.00
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column(d).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL	\$ 4,910.86

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>01/01/2005</u>	through <u>06/30/2005</u>	
Page <u>14</u> of <u>14</u>		I.D. NUMBER <u>1241200</u>

NAME OF FILER Tom Daly, Tom Daly 2006

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR		DESCRIPTION OF PAYMENT	AMOUNT PAID
	CODE	OR		
MBNA America (continued)	LIT		632.91	
Kenny the Printer [REDACTED] [REDACTED]				
The Catch [REDACTED] [REDACTED]	FND		2,879.95	
U.S. Postmaster [REDACTED]	POS		703.00	

SUBTOTAL \$ 0.00